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NO. 6751 P. 1/15

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GROUP 1647

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FACSIMILE COVER SHEET

Total No. of Page(s): 15 (including this sheet)

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Date: June 17, 2002

To: Examiner Pamela G. Holbrook, Art Unit 1647  
U.S. Patent & Trademark Office

Fax No: (703) 872-9306

From: Joanne R. Petithory, Ph.D., Reg. No. 42, 995

Attorney Docket No. 0202us810

In re application of:

A. H. Pedersen, *et al.*

Application No.: 09/648,569

Filed: August 25, 2000

For: NEW INTERFERON BETA-LIKE MOLECULES

Examiner: Holbrook, Pamela G.

Art Unit: 1647

PRELIMINARY AMENDMENT and  
RESPONSE TO RESTRICTION

TO BE MADE OF OFFICIAL RECORD

Re-submission w. all 15 pages

JRP

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(Modified) PTO/SB/21 (0-08)

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# FEE TRANSMITTAL for FY 2002

*Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.*

**TOTAL AMOUNT OF PAYMENT** (\$)  
**400**

## Complete if Known

Application Number	09/648,569
Filing Date	August 25, 2000
First Named Inventor	A. H. Pedersen
Examiner Name	Pamela G. Holbrook
Group / Art Unit	1647
Attorney Docket No.	0202us810

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number  
50-0980  
Deposit Account Name  
Maxygen, Inc.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:  
 Check     Money Order     Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee			
108 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 690	208 345	Reissue filing fee			
114 150	214 75	Provisional filing fee			

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims	-20*	Extra Claims	Fee from Issue	Fee Paid
Independent Claims	- 3*	X		
Multiple Dependent				

\*For number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20		
102 84	202 42	Independent claims in excess of 3		
104 280	204 140	Multiple dependent claim, if not paid		
109 78	209 39	** Reissue independent claims over original patent		
110 18	210 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$)

### 3. ADDITIONAL FEES

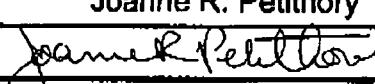
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 400	218 200	Extension for reply within second month			
117 920	217 460	Extension for reply within third month			
118 1440	218 720	Extension for reply within fourth month			
128 1960	228 980	Extension for reply within fifth month			
119 320	219 160	Notice of Appeal			
120 300	220 150	Filing a brief in support of an appeal			
121 250	221 130	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,280	241 640	Petition to revive - unintentional			
142 1,280	242 640	Utility issue fee (or reissue)			
143 430	243 215	Design issue fee			
144 580	244 290	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
128 180	126 180	Submission of Information Disclosure Stmt			
581 40	591 40	Recording each patent assignment per property (times number of properties)			
146 690	248 345	Filing a submission after final rejection (37 CFR 1.129(a))			
149 690	249 345	For each additional invention to be examined (37 CFR 1.129(b))			
Other fee (specify) _____					
Other fee (specify) _____					

\* Reduced by Basic Filing Fee Paid

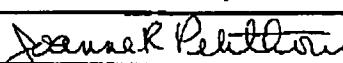
SUBTOTAL (3) (\$)

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## SUBMITTED BY

Typed or Printed Name	Joanne R. Petithory	Complete if applicable
Signature		Reg. Number 42,995

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